

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known)

Chapter 7

Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<b>Formica Brothers, LLC</b>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	<b>22-3640232</b>		
4. Debtor's address	Principal place of business  <b>2310 Arctic Ave. Atlantic City, NJ 08401</b> Number, Street, City, State & ZIP Code	Mailing address, if different from principal place of business  <b>153 Glenside Ave. Linwood, NJ 08221</b> P.O. Box, Number, Street, City, State & ZIP Code	Location of principal assets, if different from principal place of business  Number, Street, City, State & ZIP Code
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor Formica Brothers, LLC  
 Name \_\_\_\_\_ Case number (*if known*) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?** No. Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?** No Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor Formica Brothers, LLC  
 Name \_\_\_\_\_ Case number (*if known*) \_\_\_\_\_

**11. Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No  
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

### Statistical and administrative information

**13. Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**15. Estimated Assets**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

**16. Estimated liabilities**

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor

**Formica Brothers, LLC**

Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2019  
MM / DD / YYYY

**X /s/ Frank Formica**

Signature of authorized representative of debtor

**Frank Formica**

Printed name

Title CEO**18. Signature of attorney****X /s/ Ellen M. McDowell, Esq.**

Signature of attorney for debtor

Date April 5, 2019

MM / DD / YYYY

**Ellen M. McDowell, Esq.**

Printed name

**McDowell Law, PC**

Firm name

**46 West Main St.****Maple Shade, NJ 08052**

Number, Street, City, State &amp; ZIP Code

Contact phone 856-482-5544

Email address \_\_\_\_\_

**- State Bar#321-65-0987 NJ**

Bar number and State

Fill in this information to identify the case:

Debtor name Formica Brothers, LLC

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2019

X /s/ Frank Formica

Signature of individual signing on behalf of debtor

Frank Formica

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

**12/15**

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **675,416.74**

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **675,416.74**

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **2,977,112.00**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **2,763,324.01**

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ **5,740,436.01**

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. <u>Ocean First</u>	<u>checking</u>	<u>3039</u>	<u>\$54.74</u>
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3.2. <u>TD Bank</u>	<u>savings</u>	<u>\$0.00</u>
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3.3. <u>Parke Bank</u>	<u>checking</u>	<u>\$0.00</u>
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4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

<u>\$54.74</u>
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**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor Formica Brothers, LLC \_\_\_\_\_ Case number (*If known*) \_\_\_\_\_  
 Name \_\_\_\_\_

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>598,737.00</u>	-	<u>0.00</u>	= ....	<u>\$598,737.00</u>
	face amount		doubtful or uncollectible accounts		

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12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$598,737.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

No. Go to Part 5.  
 Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.  
 Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. **Office furniture desks, chairs, etc.** \$0.00 \$1,000.00

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40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software computers, telephone system** \$0.00 \$5,000.00

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42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \$6,000.00  
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

Official Form 206A/B Schedule A/B Assets - Real and Personal Property

page 2

Debtor Formica Brothers, LLC \_\_\_\_\_ Case number (*If known*) \_\_\_\_\_  
Name \_\_\_\_\_

No  
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. <u>1999 Ford E-350 Box Truck</u>	<u>\$0.00</u>		<u>\$425.00</u>
47.2. <u>2003 Honda Element</u>	<u>\$0.00</u>		<u>\$200.00</u>
47.3. <u>2006 Ford E350 Van</u>	<u>\$0.00</u>		<u>\$200.00</u>
47.4. <u>2006 Isuzu Box Truck</u>	<u>\$0.00</u>		<u>\$5,000.00</u>
47.5. <u>2007 Chevy Van</u>	<u>\$0.00</u>		<u>\$600.00</u>
47.6. <u>2009 Chevy Van</u>	<u>\$0.00</u>		<u>\$800.00</u>
47.7. <u>2010 Ford Transit rabbit</u>	<u>\$0.00</u>		<u>\$675.00</u>
47.8. <u>2010 Ford E-350 Van</u>	<u>\$0.00</u>		<u>\$500.00</u>
47.9. <u>2011 Chevy Box Truck</u>	<u>\$0.00</u>		<u>\$325.00</u>
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) various bakery equipment - ovens, mixers, dough dividers, walk-in box, freezer	<u>\$0.00</u>		<u>\$61,900.00</u>
51. Total of Part 8.			<u>\$70,625.00</u>
Add lines 47 through 50. Copy the total to line 87.			

Debtor Formica Brothers, LLC \_\_\_\_\_ Case number (*If known*) \_\_\_\_\_  
Name \_\_\_\_\_

52. Is a depreciation schedule available for any of the property listed in Part 8?

No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No  
 Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.  
 Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor Formica Brothers, LLC  
Name \_\_\_\_\_

Case number (*If known*) \_\_\_\_\_

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$54.74	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$598,737.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$6,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$70,625.00	
88. Real property. <i>Copy line 56, Part 9.....&gt;</i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$675,416.74	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$675,416.74

## Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		<i>Column A</i> Amount of claim	<i>Column B</i> Value of collateral that supports this claim
2.1	<b>ABCO</b> Creditor's Name	<b>\$25,238.00</b>	<b>\$0.00</b>
	<b>621 Beverley Rancocas Rd. Rancocas, NJ 08073</b> Creditor's mailing address		
	Describe debtor's property that is subject to a lien <b>truck</b>		
	Describe the lien		
	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.2	<b>Ally Financial</b> Creditor's Name	<b>\$31,326.00</b>	<b>\$0.00</b>
	<b>PO Box 9001951 Louisville, KY 40290</b> Creditor's mailing address		
	Describe debtor's property that is subject to a lien <b>truck</b>		
	Describe the lien		
	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply	

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
Name		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.3 Fulton Bank</b>		<b>\$40,700.00</b>
Creditor's Name		<b>\$0.00</b>
<b>PO Box 25091</b>		
<b>Lehigh Valley, PA 18002</b>		
Creditor's mailing address		
Describe debtor's property that is subject to a lien <b>inventory, A/R, equipment, general intangibles, etc.</b>		
Describe the lien		
Is the creditor an insider or related party?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is anyone else liable on this claim?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.4 NJ EDA</b>		<b>\$2,095,216.00</b>
Creditor's Name		<b>\$0.00</b>
<b>PO Box 990</b>		
<b>Trenton, NJ 08625</b>		
Creditor's mailing address		
Describe debtor's property that is subject to a lien <b>inventory, equipment, accounts receivable, general intangibles</b>		
Describe the lien		
Is the creditor an insider or related party?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is anyone else liable on this claim?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred		
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		
As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.5 Ocean First Bank</b>		<b>\$148,626.00</b>
Creditor's Name		<b>\$0.00</b>
<b>975 Hooper Ave.</b>		
<b>Toms River, NJ 08753</b>		
Creditor's mailing address		
Describe debtor's property that is subject to a lien <b>leasehold mortgage</b>		
Describe the lien		
Is the creditor an insider or related party?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Is anyone else liable on this claim?		

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
Name		
Date debt was incurred	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<hr/>		
2.6 <b>Parke Bank</b> Creditor's Name	Describe debtor's property that is subject to a lien <b>accounts receivable</b>	<b>\$180,000.00</b> <b>\$0.00</b>
<b>601 Delsea Drive Sewell, NJ 08080</b> Creditor's mailing address	Describe the lien	
Creditor's email address, if known		
Date debt was incurred	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<hr/>		
2.7 <b>Pleasantville Urban Enterprise Zone</b> Creditor's Name	Describe debtor's property that is subject to a lien <b>inventory, equipment, A/R</b>	<b>\$219,027.00</b> <b>\$0.00</b>
<b>18 N. First St. Pleasantville, NJ 08232</b> Creditor's mailing address	Describe the lien	
Creditor's email address, if known		
Date debt was incurred	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<hr/>		
2.8 <b>Sun Bank</b>	Describe debtor's property that is subject to a lien	<b>\$236,979.00</b> <b>\$0.00</b>

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
Name		
Creditor's Name	<b>leasehold mortgage</b>	
Creditor's mailing address	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party?	
Date debt was incurred	<input checked="" type="checkbox"/> No	
Last 4 digits of account number	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:	
<input checked="" type="checkbox"/> No	Check all that apply	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$2,977,112.0  
0

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address ACMUA 401 N. Virginia Ave PO Box 117 Atlantic City, NJ 08404-0117  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>\$436.00</b>  As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address ADP 1851 N. Resler Drive El Paso, TX 79912  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>\$0.00</b>  As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address AFLAC 1932 Wynton Road Columbus, GA 31999-0797  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>\$121.00</b>  As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address AFLAC NY 1932 Wynnton Road Columbus, GA 31999-0797  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>\$77.00</b>  As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>AFS Technologies</b> <b>PO Box 53573</b> <b>Phoenix, AZ 85072-3573</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>AIM Atlantic City</b> <b>PO Box 786061</b> <b>Philadelphia, PA 19178-6061</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>All Bake Technologies</b> <b>1930 Heck Ave.</b> <b>Bldg. 1 Suite 4</b> <b>Neptune, NJ 07753</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>All Brite Company</b> <b>PO Box 3275</b> <b>Pittston, PA 18643</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Ally</b> <b>PO Box 380902</b> <b>Minneapolis, MN 55438-0902</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 1270</b> <b>Newark, NJ 07101-1270</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 1270</b> <b>Newark, NJ 07101-1270</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
Name		
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Amtrust</b> <b>PO Box 5849</b> <b>Cleveland, OH 44101-1939</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Arctic Auto Repair</b> <b>2417 Artic Avenue</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Arthur W. Ponzi</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic City Electric</b> <b>PO Box 13610</b> <b>Philadelphia, PA 19101</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Emergency Assoc</b>  <b>6880 W Snowville Rd.</b> <b>Suite 210</b> <b>Brecksville, OH 44141</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Emergency Assoc</b> <b>6880 W. Snowville Rd</b> <b>Suite 210</b> <b>Brecksville, OH 44141</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Pulmonary Critical Care</b> <b>741 S. Second Ave</b> <b>Suite A</b> <b>Galloway, NJ 08205</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)	
	Name		
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Radiologists Professional Assoc</b> <b>PO Box 1262</b> <b>Indianapolis, IN 46206-1262</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Atlanticare Physician Group</b> <b>PO Box 786061</b> <b>Philadelphia, PA 19178</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Baker Boys LLC</b> <b>900 Mill Road</b> <b>Pleasantville, NJ 08232</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$322,450.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>BB&amp;T Bank</b> <b>Attn: Bankrutcy Dept.</b> <b>200 West Second Street</b> <b>Winston Salem, NC 27101</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Camden Bag &amp; Paper Co.</b> <b>200 Connecticut Drive</b> <b>Burlington, NJ 08016</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,543.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Capaldi Reynolds &amp; Pelosi, PA</b> <b>332 Tilton Road</b> <b>Northfield, NJ 08225</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,700.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Capp Inc.</b> <b>PO Box 127</b> <b>Clifton Heights, PA 19018-0127</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Formica Brothers, LLC</b>		Case number (if known)
Name			
3.26	Nonpriority creditor's name and mailing address <b>Chase Bank N.A.</b> <b>200 White Clay Center Drive</b> <b>Newark, DE 19711</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$35,209.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address <b>Cirignano Contracting, Inc.</b> <b>750 West California Ave</b> <b>Absecon, NJ 08201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,248.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address <b>City of Atlantic City</b> <b>1301 Bacharach Blvd.</b> <b>Atlantic City, NJ 08401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$900.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address <b>City of Atlantic City</b> <b>1301 Bacharach Blvd.</b> <b>Suite 126</b> <b>Atlantic City, NJ 08401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address <b>Comcast</b> <b>PO Box 3006</b> <b>Southeastern, PA 19398-3006</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$99.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address <b>Community Surgical Supply Tom River Inc.</b> <b>PO Box 4686</b> <b>Toms River, NJ 08754</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$149.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address <b>Cooper Levenson</b> <b>1125 Atlantic Ave</b> <b>Atlantic City, NJ 08401</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$13,698.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Court House Towing</b> <b>2403 Route 9 South</b> <b>Rio Grande, NJ 08242</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>CRDA Special Improvement District</b> <b>15 S. Pennsylvania Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Cruzan's</b> <b>564 W. Leeds Ave.</b> <b>Absecon, NJ 08201</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Cruzans Freightliner</b> <b>564 W. Leeds Ave.</b> <b>Absecon, NJ 08201</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>DiBruno Brothers Inc.</b> <b>2514 Morris Street</b> <b>Philadelphia, PA 19145</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Erika Record, LLC</b> <b>37 Atlantic Way</b> <b>Clifton, NJ 07012-1142</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Exceptional Medical Transportation</b> <b>301 Allied Pkwy</b> <b>West Berlin, NJ 08091</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Formica Brother Bakery</b> <b>2310 Arctic Ave.</b> <b>Atlantic City, NJ 08401</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$545.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Fox Rothchild</b> <b>1301 Atlantic Ave</b> <b>Suite 400</b> <b>Atlantic City, NJ 08401</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$26,397.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Fox Rothchild</b> <b>1301 Atlantic Ave.</b> <b>Suite 400</b> <b>Atlantic City, NJ 08401</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$733.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Francis Carpinelli</b> <b>654 East Lakefront Circile</b> <b>Galloway, NJ 08205</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> <u>8617</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Fulton Bank</b> <b>PO Box 69</b> <b>East Petersburg, PA 17520</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$206.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Fulton Bank</b> <b>PO Box 69</b> <b>East Petersburg, PA 17520</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$41,296.00</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Gerstein Grayson Cohen</b> <b>1288 Route 73 South</b> <b>Suite 301</b> <b>Mount Laurel, NJ 08054</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$450.00</b>

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>GIGI Provisions</b> <b>76 Cape May Ave.</b> <b>Dorothy, NJ 08317</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Ginsburg Bakery</b> <b>151 Benigino Blvd.</b> <b>Bellmawr, NJ 08031</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger</b> <b>Dept 818197964</b> <b>Palatine, IL 60038-0001</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Greater Atlantic City Chamber</b> <b>12 S. Virginia Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Hank N. Rovillard, Esquire</b> <b>310 N. Brighton Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Home Depot</b> <b>PO Box 9001010</b> <b>Louisville, KY 40290-1010</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>JBS Production</b> <b>605 5th Street</b> <b>Somers Point, NJ 08244</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>John Galt</b> <b>2310 Arctic Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Products</b> <b>1147 Route 9 South</b> <b>Cape May Court House, NJ 08210</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Kevin Corcoran Real Estate</b> <b>4311 Ventnor Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Lentz Milling Co.</b> <b>PO Box 13159</b> <b>Reading, PA 19612-3159</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Longport Media LLC</b> <b>1601 New Road</b> <b>Linwood, NJ 08221</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>MBCA</b> <b>1616 Pacific Ave.</b> <b>6th Floor</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>NJ Dept of Health &amp; Senior Services</b> <b>PO Box 360</b> <b>Trenton, NJ 08625-0360</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)	
	Name		
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>NJEDA</b> <b>PO Box 990</b> <b>Trenton, NJ 08625</b>  <b>Date(s) debt was incurred</b> __  <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,084,173.00</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Ocean Construction</b> <b>215 Route 9 South</b> <b>PO Box 4</b> <b>Marmora, NJ 08223</b>  <b>Date(s) debt was incurred</b> __  <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,975.00</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Parke Bank</b> <b>601 Delsea Drive</b> <b>Sewell, NJ 08080</b>  <b>Date(s) debt was incurred</b> __  <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$573.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Parke Bank</b> <b>601 Delsea Drive</b> <b>Sewell, NJ 08080</b>  <b>Date(s) debt was incurred</b> __  <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,296.00</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Paychex Human Resources</b> <b>PO Box 29769</b> <b>New York, NY 10087</b>  <b>Date(s) debt was incurred</b> __  <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$234.00</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Paychex of New York LLC</b> <b>PO Box 29769</b> <b>New York, NY 10087</b>  <b>Date(s) debt was incurred</b> __  <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,421.00</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Personal Concepts</b> <b>PO Box 3353</b> <b>San Dimas, CA 91773-7353</b>  <b>Date(s) debt was incurred</b> __  <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.00</b>

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Philly Pretzel Factory</b> <b>6814 Tilton Road</b> <b>Egg Harbor Township, NJ 08234</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Pig Farm Recycling Inc.</b> <b>2 Big Hill Rd.</b> <b>Southampton, NJ 08088</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Puratos Bakery Supply</b> <b>Lockbox 9572</b> <b>PO Box 8500</b> <b>Philadelphia, PA 19178-9572</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Truck Center</b> <b>PO Box 511</b> <b>Absecon, NJ 08201</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Regional Nephrology Assoc, PA</b> <b>510 Jackson Ave.</b> <b>Northfield, NJ 08225</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Scott N. Silver PC</b> <b>524 Maple Ave.</b> <b>Linwood, NJ 08221</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Sherman Williams</b> <b>410 N. Tilton Road</b> <b>Northfield, NJ 08225</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>SOHS Architects</b> <b>1020 Atlantic Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Soltz Paint, Inc.</b> <b>2517 Atlantic Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>South Jersey Gas</b> <b>PO Box 6091</b> <b>Bellmawr, NJ 08099-6091</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Staples</b> <b>PO Box 78004</b> <b>Phoenix, AZ 85062-8004</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Sureline Services</b> <b>242 Risa Avenue</b> <b>Newfield, NJ 08344</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>To ADJ</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Townsquare Media</b> <b>PO Box 28055</b> <b>New York, NY 10087-8055</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Formica Brothers, LLC</b>	Case number (if known)
	Name	
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>US Department of Education</b> <b>PO Box 530260</b> <b>Atlanta, GA 30353-0260</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>PO Box 4833</b> <b>Trenton, NJ 08650-4833</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Connect</b> <b>1100 Winter St.</b> <b>Suite 4600</b> <b>Waltham, MA 02451</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Vina Auto Service, Inc.</b> <b>2401</b> <b>Arctic Ave.</b> <b>Atlantic City, NJ 08401</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>WB Mason Co. Inc.</b> <b>PO Box 111</b> <b>Brockton, MA 02303-0111</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	<b>Basis for the claim:</b> _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

#### Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <b>Larry Bendesky, Esquire</b> <b>8000 Sagemore Drive</b> <b>Suite 8303</b> <b>Marlton, NJ 08053</b>	Line <u>3.43</u>	<input type="checkbox"/> Not listed. Explain _____

#### Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	<b>Total of claim amounts</b>
5a. Total claims from Part 1	5a. \$ <b>0.00</b>
5b. Total claims from Part 2	5b. + \$ <b>2,763,324.01</b>

Debtor Formica Brothers, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**5c. Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c. \$ 2,763,324.01

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**2015 Ford Transit - vehicle lease**

State the term remaining

List the contract number of any government contract

**ABCO  
PO Box 247  
Rancocas, NJ 08073**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**2007 Chevrolet Van - vehicle lease**

State the term remaining

List the contract number of any government contract

**ABCO  
PO Box 247  
Rancocas, NJ 08073**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**2015 Ford Transit - vehicle lease**

State the term remaining

List the contract number of any government contract

**Ally  
PO Box 380902  
Bloomington, MN 55438**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**2 copier leases**

State the term remaining

List the contract number of any government contract

**De Lage Landen  
PO Box 41602  
Philadelphia, PA 19101**

Debtor 1 **Formica Brothers, LLC**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**equipment lease**

State the term remaining

List the contract number of any government contract

**The World Famous AC Bread Bakery, LLC  
1301 Bremen Ave.  
Egg Harbor City, NJ 08215**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**lease for generator**

State the term remaining

List the contract number of any government contract

**Wells Fargo Financial Bank  
300 Tri-State International  
Suite 400  
Lincolnshire, IL 60069**

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

*Check all schedules that apply:*

2.1 **Baker Boys, LLC** 153 Glenside Ave.  
Linwood, NJ 08221 **Parke Bank**  D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.2 **Don Cheech, LLC** 153 Glenside Ave.  
Linwood, NJ 08221 **Parke Bank**  D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.3 **Frank Formica** 153 Glenside  
Linwood, NJ 08221 **NJ EDA**  D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.4 **Frank Formica** **Ocean First Bank**  D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.5 **Frank Formica** **Fulton Bank**  D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

Debtor

**Formica Brothers, LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.  
Column 1: Codebtor      Column 2: Creditor

2.6 **Frank Formica**

**Parke Bank**

D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.7 **John Galt, LLC**

**153 Glenside Ave.  
Linwood, NJ 08221**

**Ocean First Bank**

D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.8 **John Galt, LLC**

**Fulton Bank**

D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.9 **John Galt, LLC**

**Parke Bank**

D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

Fill in this information to identify the case:

Debtor name **Formica Brothers, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2019 to Filing Date

Operating a business

\$304,851.00

Other \_\_\_\_\_

For prior year:  
From 1/01/2018 to 12/31/2018

Operating a business

\$1,219,418.00

Other \_\_\_\_\_

For year before that:  
From 1/01/2017 to 12/31/2017

Operating a business

\$1,294,418.00

Other \_\_\_\_\_

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

Debtor **Formica Brothers, LLC**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Capaldi Reynolds 332 Tilton Rd. Northfield, NJ 08225	1/28/19	\$100,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. ADM 911 Spangler Rd. Camp Hill, PA 17011	1/31/19	\$11,911.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. ADM	2/22/19	\$22,296.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. ADM	3/7/19	\$10,702.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address	Dates	Total amount of value	Reasons for payment or transfer
Relationship to debtor			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount

**Part 3: Legal Actions or Assignments**

Debtor **Formica Brothers, LLC****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Francis Carpinelli v. WP Bakery Group USA, et al Docket No. L-2386-17		New Jersey Superior Court Atlantic County Civil Courts Building 1201 Bacharach Blvd. Atlantic City, NJ 08401	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B ( <i>Schedule A/B: Assets – Real and Personal Property</i> ).		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Debtor

**Formica Brothers, LLC**

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. McDowell Law, PC 46 West Main St. Maple Shade, NJ 08052			\$2,500.00
<b>Email or website address</b>			
<b>Who made the payment, if not debtor?</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.  
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

No.  
 Yes. State the nature of the information collected and retained.

Debtor **Formica Brothers, LLC****17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

Debtor Formica Brothers, LLC

No.  
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

#### **Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
------------------	----------------------------

26a.1. **Capaldi Reynolds and Pelosi, PA**  
**332 Tilton Rd.**  
**Northfield, NJ 08225**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	---

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Debtor Formica Brothers, LLCCase number (*if known*) \_\_\_\_\_**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No  
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Frank Formica	153 Glenside Ave. Linwood, NJ 08221	CEO, owner	100

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

No  
 Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No  
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No  
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Debtor Formica Brothers, LLCCase number (*if known*) \_\_\_\_\_**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 5, 2019**/s/ Frank Formica**

Signature of individual signing on behalf of the debtor

**Frank Formica**

Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes

**United States Bankruptcy Court  
District of New Jersey**

In re **Formica Brothers, LLC**

Debtor(s)

Case No.

Chapter

**7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>2,500.00</b>
Prior to the filing of this statement I have received .....	\$ <b>2,500.00</b>
Balance Due .....	\$ <b>0.00</b>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

**Services included under Chapter 7 Fee Agreement. Available on request.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Services not included under Chapter 7 Fee Agreement. Available on request.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 5, 2019

Date

/s/ Ellen M. McDowell, Esq.

Ellen M. McDowell, Esq.

*Signature of Attorney*

**McDowell Law, PC**

**46 West Main St.**

**Maple Shade, NJ 08052**

**856-482-5544 Fax: 856-482-5511**

*Name of law firm*

**United States Bankruptcy Court  
District of New Jersey**

In re Formica Brothers, LLC

Debtor(s)

Case No.

Chapter

7

**VERIFICATION OF CREDITOR MATRIX**

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: April 5, 2019

/s/ Frank Formica

**Frank Formica/CEO**

Signer>Title

ABCO  
621 Beverley Rancocas Rd.  
Rancocas, NJ 08073

ABCO  
PO Box 247  
Rancocas, NJ 08073

ACMUA  
401 N. Virginia Ave  
PO Box 117  
Atlantic City, NJ 08404-0117

ADP  
1851 N. Resler Drive  
El Paso, TX 79912

AFLAC  
1932 Wynton Road  
Columbus, GA 31999-0797

AFLAC NY  
1932 Wynnton Road  
Columbus, GA 31999-0797

AFS Technologies  
PO Box 53573  
Phoenix, AZ 85072-3573

AIM Atlantic City  
PO Box 786061  
Philadelphia, PA 19178-6061

All Bake Technologies  
1930 Heck Ave.  
Bldg. 1 Suite 4  
Neptune, NJ 07753

All Brite Company  
PO Box 3275  
Pittston, PA 18643

Ally  
PO Box 380902  
Minneapolis, MN 55438-0902

Ally  
PO Box 380902  
Bloomington, MN 55438

Ally Financial  
PO Box 9001951  
Louisville, KY 40290

American Express  
PO Box 1270  
Newark, NJ 07101-1270

Amtrust  
PO Box 5849  
Cleveland, OH 44101-1939

Arctic Auto Repair  
2417 Arctic Avenue  
Atlantic City, NJ 08401

Arthur W. Ponzio

Atlantic City Electric  
PO Box 13610  
Philadelphia, PA 19101

Atlantic Emergency Assoc  
6880 W Snowville Rd.  
Suite 210  
Brecksville, OH 44141

Atlantic Emergency Assoc  
6880 W. Snowville Rd  
Suite 210  
Brecksville, OH 44141

Atlantic Pulmonary Critical Care  
741 S. Second Ave  
Suite A  
Galloway, NJ 08205

Atlantic Radiologists Professional Assoc  
PO Box 1262  
Indianapolis, IN 46206-1262

Atlanticare Physician Group  
PO Box 786061  
Philadelphia, PA 19178

Baker Boys LLC  
900 Mill Road  
Pleasantville, NJ 08232

Baker Boys, LLC  
153 Glenside Ave.  
Linwood, NJ 08221

BB&T Bank  
Attn: Bankruptcy Dept.  
200 West Second Street  
Winston Salem, NC 27101

Camden Bag & Paper Co.  
200 Connecticut Drive  
Burlington, NJ 08016

Capaldi Reynolds & Pelosi, PA  
332 Tilton Road  
Northfield, NJ 08225

Capp Inc.  
PO Box 127  
Clifton Heights, PA 19018-0127

Chase Bank N.A.  
200 White Clay Center Drive  
Newark, DE 19711

Cirignano Contracting, Inc.  
750 West California Ave  
Absecon, NJ 08201

City of Atlantic City  
1301 Bacharach Blvd.  
Atlantic City, NJ 08401

City of Atlantic City  
1301 Bacharach Blvd.  
Suite 126  
Atlantic City, NJ 08401

Comcast  
PO Box 3006  
Southeastern, PA 19398-3006

Community Surgical Supply Tom River Inc.  
PO Box 4686  
Toms River, NJ 08754

Cooper Levenson  
1125 Atlantic Ave  
Atlantic City, NJ 08401

Court House Towing  
2403 Route 9 South  
Rio Grande, NJ 08242

CRDA Special Improvement District  
15 S. Pennsylvania Ave.  
Atlantic City, NJ 08401

Cruzan's  
564 W. Leeds Ave.  
Absecon, NJ 08201

Cruzans Freightliner  
564 W. Leeds Ave.  
Absecon, NJ 08201

De Lage Landen  
PO Box 41602  
Philadelphia, PA 19101

DiBruno Brothers Inc.  
2514 Morris Street  
Philadelphia, PA 19145

Don Cheech, LLC  
153 Glenside Ave.  
Linwood, NJ 08221

Erika Record, LLC  
37 Atlantic Way  
Clifton, NJ 07012-1142

Exceptional Medical Transportation  
301 Allied Pkwy  
West Berlin, NJ 08091

Formica Brother Bakery  
2310 Arctic Ave.  
Atlantic City, NJ 08401

Fox Rothchild  
1301 Atlantic Ave  
Suite 400  
Atlantic City, NJ 08401

Fox Rothchild  
1301 Atlantic Ave.  
Suite 400  
Atlantic City, NJ 08401

Francis Carpinelli  
654 East Lakefront Circile  
Galloway, NJ 08205

Frank Formica  
153 Glenside  
Linwood, NJ 08221

Frank Formica

Fulton Bank  
PO Box 25091  
Lehigh Valley, PA 18002

Fulton Bank  
PO Box 69  
East Petersburg, PA 17520

Gerstein Grayson Cohen  
1288 Route 73 South  
Suite 301  
Mount Laurel, NJ 08054

GIGI Provisions  
76 Cape May Ave.  
Dorothy, NJ 08317

Ginsburg Bakery  
151 Benigino Blvd.  
Bellmawr, NJ 08031

Grainger  
Dept 818197964  
Palatine, IL 60038-0001

Greater Atlantic City Chamber  
12 S. Virginia Ave.  
Atlantic City, NJ 08401

Hank N. Rovillard, Esquire  
310 N. Brighton Ave.  
Atlantic City, NJ 08401

Home Depot  
PO Box 9001010  
Louisville, KY 40290-1010

JBS Production  
605 5th Street  
Somers Point, NJ 08244

John Galt  
2310 Arctic Ave.  
Atlantic City, NJ 08401

John Galt, LLC  
153 Glenside Ave.  
Linwood, NJ 08221

John Galt, LLC

Kelly Products  
1147 Route 9 South  
Cape May Court House, NJ 08210

Kevin Corcoran Real Estate  
4311 Ventnor Ave.  
Atlantic City, NJ 08401

Larry Bendesky, Esquire  
8000 Sagemore Drive  
Suite 8303  
Marlton, NJ 08053

Lentz Milling Co.  
PO Box 13159  
Reading, PA 19612-3159

Longport Media LLC  
1601 New Road  
Linwood, NJ 08221

MBCA  
1616 Pacific Ave.  
6th Floor  
Atlantic City, NJ 08401

NJ Dept of Health & Senior Services  
PO Box 360  
Trenton, NJ 08625-0360

NJ EDA  
PO Box 990  
Trenton, NJ 08625

NJEDA  
PO Box 990  
Trenton, NJ 08625

Ocean Constrrruction  
215 Route 9 South  
PO Box 4  
Marmora, NJ 08223

Ocean First Bank  
975 Hooper Ave.  
Toms River, NJ 08753

Parke Bank  
601 Delsea Drive  
Sewell, NJ 08080

Paychex Human Resources  
PO Box 29769  
New York, NY 10087

Paychex of New York LLC  
PO Box 29769  
New York, NY 10087

Personal Concepts  
PO Box 3353  
San Dimas, CA 91773-7353

Philly Pretzel Factory  
6814 Tilton Road  
Egg Harbor Township, NJ 08234

Pig Farm Recycling Inc.  
2 Big Hill Rd.  
Southampton, NJ 08088

Pleasantville Urban Enterprise Zone  
18 N. First St.  
Pleasantville, NJ 08232

Puratos Bakery Supply  
Lockbox 9572  
PO Box 8500  
Philadelphia, PA 19178-9572

Quality Truck Center  
PO Box 511  
Absecon, NJ 08201

Regional Nephrology Assoc, PA  
510 Jackson Ave.  
Northfield, NJ 08225

Scott N. Silver PC  
524 Maple Ave.  
Linwood, NJ 08221

Sherman Williams  
410 N. Tilton Road  
Northfield, NJ 08225

SOHS Architects  
1020 Atlantic Ave.  
Atlantic City, NJ 08401

Soltz Paint, Inc.  
2517 Atlantic Ave.  
Atlantic City, NJ 08401

South Jersey Gas  
PO Box 6091  
Bellmawr, NJ 08099-6091

Staples  
PO Box 78004  
Phoenix, AZ 85062-8004

Sun Bank

Sureline Services  
242 Risa Avenue  
Newfield, NJ 08344

The World Famous AC Bread Bakery, LLC  
1301 Bremen Ave.  
Egg Harbor City, NJ 08215

To ADJ

Townsquare Media  
PO Box 28055  
New York, NY 10087-8055

US Department of Education  
PO Box 530260  
Atlanta, GA 30353-0260

Verizon  
PO Box 4833  
Trenton, NJ 08650-4833

Verizon Connect  
1100 Winter St.  
Suite 4600  
Waltham, MA 02451

Vina Auto Service, Inc.  
2401  
Arctic Ave.  
Atlantic City, NJ 08401

WB Mason Co. Inc.  
PO Box 111  
Brockton, MA 02303-0111

Wells Fargo Financial Bank  
300 Tri-State International  
Suite 400  
Lincolnshire, IL 60069

**United States Bankruptcy Court  
District of New Jersey**

In re **Formica Brothers, LLC**

Debtor(s)

Case No.  
Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Formica Brothers, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Frank Formica  
153 Glenside Ave.  
Linwood, NJ 08221**

None [*Check if applicable*]

**April 5, 2019**

Date

*/s/ Ellen M. McDowell, Esq.*

**Ellen M. McDowell, Esq.**

Signature of Attorney or Litigant  
Counsel for **Formica Brothers, LLC**  
**McDowell Law, PC**  
**46 West Main St.**  
**Maple Shade, NJ 08052**  
**856-482-5544 Fax:856-482-5511**